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PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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	Application Number	10/072,417
TRANSMITTAL	Filing Date	February 5, 2002
FORM	First Named Inventor	Joseph M. Brand
(to be used for all correspondence after initial filing)	Group Art Unit	2826
	Examiner Name	P. Greene

Total Number of Pages in This Submission Attorney Docket Number MI22-1939

ENCLOSURES (check all that apply)					
X Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group			
X Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences			
X Amendment / Response	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	Petition Routing Slip (PTO/SB/69) and Accompanying Petition	Proprietary Information			
Affidavits/declaration(s)	Petition to Convert to a - Provisional Application	Status Letter			
Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address	Additional Enclosure(s) (please identify below):			
Express Abandonment Request Supplemental Information Disclosure Statement Certified Copy of Priority	Request for Refund	PTO Return Postcard Receipt Check Copies of cited References			
Document(s) Response to Missing Parts/	Remarks	KOV 2			
Incomplete Application		20.00			
Response to Missing		N 2			
Parts under 37 CFR 1.52 or 1.53		20 2 CEN			
SIGNATU	RE OF APPLICANT, ATTORNEY, OR				
Firm or Individual name D. Brent Kenad	y; Wells St. John P.S.	2800			
Signature Q3	Jonn V				
Date //- / 4- 8	72				
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Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 594.00

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EE TRANSMITTAL		Complete if Known			
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for FY 2003		Filing Date	February 5, 2002		
		First Named Inventor	Joseph M. Brand		
Patent fees are subject to ar		Examiner Name	P. Greene		
cant claims small entity status. See 37 CFR 1.27		Art Unit	2826		
AMOUNT OF PAYMENT	(\$) 594.00	Attomey Docket No.	MI22-1939	J	

METH	OD OF PA	YMENT (check all tha	at apply)				FEI	E CALCULATION (continued)	
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Deposit Account	Wells	St. John P.S.		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	-0-
Name The Commiss	ioner is autho	orized to: (check all that a	nooly)	1053	130	1053		Non-English specification	-0-
	e(s) indicated b	<u> </u>	overpayments	Ŀ	2,520		•	For filing a request for ex parte reexamination	
X Charge any	y additional fee	e(s) during the pendency of	of this application	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	-0-
I —	e(s) indicated b	pelow, except for the filing			1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	-0-
		CALCULATION		1251	110	2251	55	Extension for reply within first month	-0-
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	2001 370	Utility filing fee	r	1255	1,960	2255	980	Extension for reply within fifth month	-0-
1002 330	2002 165	Design filing fee		1401	320	2401	160	Notice of Appeal	-0-
1003 510	2003 255	Plant filing fee		1402	320	2402	160	Filing a brief in support of an appeal	E-0=9
1004 740	2004 370	Reissue filing fee		1403	280	2403	140	Request for oral hearing	<u> = -0-5</u>
1005 160	2005 80	Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	3 -0-7
'	1 ,	SUBTOTAL (1) (\$)	-0-	1452	110	2452	55	Petition to revive - unavoidable	J -0:-
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Large Entity Fee Fee	Fee Fee	<u>Y</u> <u>Fee Description</u>		1806	180	1806	180	Submission of Information Disclosure Stmt	180.00
Code (\$)	Code (\$)	Claims in evenes of 20	_	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	-0-
1202 18 1201 84	2202 9 2201 42			1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	-0-
1203 280	2203 140	0 Multiple dependent cla	aim, if not paid	1810	740	2810	370	For each additional invention to be	
1204 84	2204 42	2 ** Reissue independer	nt claims					examined (37 CFR 1.129(b))	-0-
	1	over original patent		1801	740	2801		Request for Continued Examination (RCE)	-0-
1205 18	2205 9	9 ** Reissue claims in ex and over original pat		1802	900	1802	900	Request for expedited examination of a design application	-0-
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**or number previously paid, if greater; For Reissues, see above			*Redu	ced by	Basic F	Filing Fe	ee Paid SUBTOTAL (3) (\$) 1	L80.00	
SUBMITTED BY (Complete (if applicable)									
Name (Print/Type) D. BRENT KENADY Registration No. 40,045 Telephone 509-624-4276									

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Attorney/Agent)

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